



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## RENEWAL APPLICATION FOR A CERTIFICATE OF AUTHORITY PHYSICAL FITNESS SERVICES

S.C. Code Ann. §§ 44-79-10 et seq. (Supp. 1997)

[www.consumer.sc.gov](http://www.consumer.sc.gov)



### Mailing Address

P.O. Box 5757  
Columbia, SC 29250-5757

### Street Address

2221 Devine Street, Ste 200  
Columbia, SC 29205-2418

**ANNUAL RENEWAL PERIOD IS NOVEMBER 1<sup>ST</sup> - DECEMBER 31<sup>ST</sup>**

**PLEASE READ APPLICATION\* AND INSTRUCTIONS CAREFULLY.**

**\*Application requires a notarized signature.**

**(INCOMPLETE INFORMATION COULD RESULT IN THE DELAY OR DENIAL OF YOUR APPLICATION)**

### PHYSICAL FITNESS CERTIFICATE OF AUTHORITY RENEWAL:

All Certificates of Authority expire on December 31<sup>st</sup>. To continue providing physical fitness services in this State, Certificates must be renewed each year. Renewal applications will be accepted November 1 – December 31 of each year. **If a completed renewal application is not postmarked on or before December 31<sup>st</sup>, the physical fitness center may be subject to a late penalty.**

### RENEWAL REQUIREMENTS:

You must submit, along with a completed renewal application, the following:

- \* Copy of your most recent membership agreement (if any);
- \* Copy of contracts to be used (if any);
- \* Bond continuation certificate (if a bond is required and has been submitted) or an updated letter of credit;
- \* Annual Report (if **NOT** previously submitted for this calendar year)
- \* Copy of your membership rates/price sheet for all physical fitness services offered; **and**
- \* Annual renewal fee - \$50 per location

### CONTRACT REQUIREMENTS:

If you use a prepaid or credit contract at your center, that contract must conform to the requirements set by state law (S.C. Code Ann. §44-79-30, §44-79-40, §44-79-50). Contracts not meeting these requirements will result in the return of your application. A copy of these requirements is enclosed for your reference (Page 5).

### RENEWAL FEE:

All renewal applications must be accompanied by a renewal fee in the amount of \$50.00 per location. Failure to remit the appropriate fee(s) will result in the return of your application. Make checks payable to South Carolina Department of Consumer Affairs.

### QUESTIONS:

If you need assistance with completing this application form or have questions about the Physical Fitness Services Act (§44-79-10 et. seq.), please contact the South Carolina Department of Consumer Affairs.

Matalie L. Mickens, Program Coordinator: 803-734-4291, [mmickens@scconsumer.gov](mailto:mmickens@scconsumer.gov)

Tiffany D. Gibson, Staff Attorney: 803-734-0047, [tdgibson@scconsumer.gov](mailto:tdgibson@scconsumer.gov)

### SEND COMPLETED APPLICATION TO:

South Carolina Department of Consumer Affairs  
Physical Fitness Services  
P.O. Box 5757,  
Columbia, S.C. 29250-5757



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## RENEWAL APPLICATION FOR A CERTIFICATE OF AUTHORITY PHYSICAL FITNESS SERVICES

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### Mailing Address

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### Street Address

2221 Devine Street, Ste 200  
Columbia, SC 29205-2418

**RENEWAL FILING DEADLINE IS DECEMBER 31<sup>st</sup>!**  
Provide **All** Information Requested Below

**For Department Use Only**

Filing Year \_\_\_\_\_

### A. GENERAL BUSINESS INFORMATION

#### 1. Corporate Name

\_\_\_\_\_

#### 2. DBA

\_\_\_\_\_

#### 4. Physical Address

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip) \_\_\_\_\_

(County) \_\_\_\_\_

#### 5. Mailing Address

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip) \_\_\_\_\_

#### 6. Telephone No.

( ) - \_\_\_\_\_

#### 7. Website

\_\_\_\_\_

#### 8. Name of Contact Person at Business

\_\_\_\_\_

#### 9. E-Mail Address

\_\_\_\_\_

#### 10. List the names of all owners, partners, members, and directors of the applicant.

| Name | Title | Date of Birth<br>(if sole proprietor<br>or partnership) | Social Security Number<br>(if sole proprietor or<br>partnership) |
|------|-------|---|--|
|      |       |   |  |
|      |       |   |  |
|      |       |   |  |

#### 11. List all South Carolina physical fitness center locations. (Attach Additional Page(s) as Necessary)

**NOTE: The filing fee is \$50 per location.**

| Address | County | Phone Number | Manager |
|---------|--------|--------------|---------|
|         |        | ( ) -        |         |
|         |        | ( ) -        |         |
|         |        | ( ) -        |         |

#### 12. List Types of Services and/or Facilities Offered:

(List as many as apply – exercise center, weight loss, tanning, martial arts, fitness center, athletic club, personal training, dance fitness classes, etc.)

**B. BACKGROUND QUESTIONS. Answer each question below.****YES NO**

1. Do you use prepaid or credit contracts that run for more than three months? ☐ ☐
2. Do you use prepaid or credit contracts having a total cost of more than \$200? ☐ ☐
3. If you are a personal trainer, do you use prepaid or credit contracts having a total cost of more than three hundred (\$300) dollars? ☐ ☐
4. If you answered "yes" to Question 1, 2, or 3 above, will your gross business receipts exceed \$150,000 this calendar year? (Gross volume is the amount reported to the IRS) ☐ ☐
5. Do you assign, discount or sell contracts to third parties? ☐ ☐
6. Enter the number of members that are currently enrolled at the locations listed above. \_\_\_\_\_
7. How many physical fitness services locations do you have in this State? (All locations must be listed.) \_\_\_\_\_
8. Did you answer "yes" to Question 1, Question 2, or Question 3?  
(If your answer to this question is "yes" you are required by law to demonstrate financial responsibility. If you answered "no" proceed to question no. 12.) ☐ ☐
9. Which method of demonstrating financial responsibility do you use? (check one) Surety Bond ☐  
Letter of Credit ☐
10. Place a checkmark next to the category below which describes your center and required amount of assurance (either bond or letter of credit). *\*Please note the categories have been amended since last renewal.\**

**Financial Responsibility (Bond or Letter of Credit) Assurance Amounts**

| Number of Members      | Assurance Amount | Check One                |
|------------------------|------------------|--------------------------|
| 1,500 or more          | \$50,000         | <input type="checkbox"/> |
| 1,000 to 1,499 Members | \$40,000         | <input type="checkbox"/> |
| 500 - 999 Members      | \$30,000         | <input type="checkbox"/> |
| 100 - 499 Members      | \$20,000         | <input type="checkbox"/> |
| 1 - 99 Members         | \$10,000         | <input type="checkbox"/> |

11. Has the number of centers or number of members increased since your last application to require new or revised amount of financial responsibility? (See chart in Question 10 above)  
If you answered "yes" you must submit updated evidence of financial responsibility with this application. ☐ ☐
12. **Multiply the number which appears on Line 7 by \$50.00. This is the amount you owe:** \_\_\_\_\_
13. Has the applicant or any of its affiliates ever been refused a license to engage in any business or had any license suspended or revoked by any state or federal agency? If yes, attach complete details of the refusal, suspension, or revocation. ☐ ☐
14. Has any state or federal agency ever initiated an administrative or regulatory proceeding or action or entered an order against the applicant or any of its affiliates? If yes, attach complete details of the event. ☐ ☐
15. Have you previously submitted an annual report for this calendar year? ☐ ☐  
(If you answered "no" you must submit the annual report found on pages 6-8 and late annual report filing fee of \$50.)

**SIGNATURE ON NEXT PAGE**

**C. OTHER ATTACHMENTS:** Please use the checklist below to verify your application is complete.  
**Incomplete information could result in delay or denial of your application.**

- ☐ \$50 Renewal Fee **per location (the amount calculated in Application Question #12).**
- ☐ Copy of most recent membership agreement (if any).
- ☐ Copy of contracts to be used (if any).
- ☐ Bond continuation certificate (if a bond is required and has been submitted) or an updated letter of credit.
- ☐ Annual Report as provided on pages 7-9 (if **NOT** previously submitted for this calendar year).
- ☐ \$50 late annual report filing fee (if annual report was **NOT** previously submitted for the calendar year).
- ☐ Copy of your membership rates/price sheet for all physical fitness services offered.

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information constitutes cause for denial or revocation of the application or license and subjects him/her to criminal prosecution for perjury. **The undersigned acknowledges the duty and agrees to update and correct this information as it changes.** The undersigned warrants that his or her signature below is duly authorized and delivered by and for the entity for which s/he signs.

\_\_\_\_\_  
Signature of Owner, Partner, Member, Officer, or Director

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Type or Print your name

Notary Public For \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**(REMANINDER OF PAGE INTENTIONALLY LEFT BLANK)**

## PHYSICAL FITNESS CONTRACT REQUIREMENTS

### §44-79-30. Credit contract requirements

(A) Every prepaid or credit contract for physical fitness services of over three month's duration or over two hundred dollars in amount must conform to the following requirements:

- (1) The contract must be in writing, and a copy must be given to the customer at the time he signs it;
- (2) the contract shall state clearly the street address or location of the center and outlets which the member may use at the time the contract is executed and the major facilities or major services which each offers;
- (3) The contract shall reveal the finance charge, if any, which the member agrees to pay;
- (4) if the customer executes a promissory note in connection with the contract, the contract shall clearly indicate whether the promissory note is assignable paper and whether it may be discounted and sold to third parties. Assignment of the promissory note does not affect the right of the member to cancel the contract or the method by which the cancellation may be made;
- (5) The contract must contain a right to cancel provision in the following language:  
"CUSTOMER'S RIGHT TO CANCEL"  
(a) You may cancel this contract by sending notice of your wish to cancel to the center before midnight of the third business day after you sign the contract. 'Business day' means Monday through Friday excluding state holidays and federal holidays. This notice must be sent certified mail to the following:

(Business name and address)

---

Within thirty days of receipt of this notice, the center shall return any payments made and any note or other evidence of indebtedness. If you use the seller's facilities or services, the center may charge you a reasonable fee based on days of actual use.

- (b) In addition, you or your estate may also cancel the contract at any time by written notice to the center at the above address if the following circumstances occur:
  - (1) the customer's death;
  - (2) substantial physical disability, certified by a physician, which makes it permanently impossible for the customer to use the center's services.
  - (3) the customer's permanent relocation to a residence over fifty miles distant from an outlet operated by the center, if the center is unable to arrange for the customer's use of another center with equivalent major facilities and services.

The center may require presentation of information to substantiate that one of these circumstances has occurred.

If the contract is cancelled because of disability, death, or permanent change of residence, the center shall return any note or other evidence of indebtedness and unearned prepayments as follows: For each month that the contract was in effect, the center is entitled to the rate a month or a treatment which it would have charged if the contract had initially been one for the number of months or the number of treatments for which the contract was actually in effect. The rate is to be determined from a fee schedule in effect on the date of the contract.

- (c) The right of cancellation shall affect only the financial obligations under the contract and customer's right to use the center's physical fitness services.
- (6) Services such as personal training, personal fitness testing, and daily visitor fees that are not subject to being refunded must be clearly stated in the contract.
- (7) Any contractual provision allowing more liberal rights of cancellation than set forth in this chapter may be substituted for the notice required in this chapter.

(B) A contract is not required for personal training, private consultations, and fitness testing rendered on an hourly basis unless they are part of a package of over three hundred dollars.

### §44-79-40. Prohibited contractual provisions.

No contract for physical fitness services may:

- (1) have a duration of longer than twenty-four months or be measured by the life of the buyer, the life of the center, or any similar indefinite term; provided, however, if a center demonstrates financial responsibility to the administrator of the Department of Consumer Affairs and has been in operation for five or more years in this State, it may offer contracts for physical fitness services for a period of up to thirty-six months if approved in writing by the administrator;
- (2) waive the required provisions of this chapter;
- (3) provide that a right of action or defense of the member may be cut off by assignment of the contract to a third person.

### §44-79-50. Unenforceability of prohibited contractual provisions.

Any provision of any contract for physical fitness services which does not comply with this chapter is unenforceable against the member.



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS  
PHYSICAL FITNESS SERVICES CENTER  
ANNUAL REPORT: INSTRUCTIONS**



**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 44-79-80 (3)  
S.C. Reg. 28-100 B. (6), C. (4) (Supp. 2013)  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4291 or 1-800-922-1594

**Street Address**

2221 Devine St., Ste 200  
Columbia, SC 29205-2418

**Reporting Requirement:** Section 44-79-80 (3) and S.C. Reg. 28-100 B. (6), C. (4) require each licensee to submit an annual report on the Physical Fitness Center's business conducted during the previous calendar year to the Department.

**Deadline:** The report must be submitted by **June 30th**.

**Late Penalty:** There is no charge to submit the annual report before June 30th. However, the Department will assess a penalty fine of **fifty dollars** if the annual report is not received by June 30<sup>th</sup> with the potential for additional administrative fines and/or other administrative action.

**Applicability:** The Report requires the licensed center to provide specific information regarding business conducted during the previous calendar year under its South Carolina Physical Fitness Services Certificate of Authority.

**Other Reporting Requirements:** Under S.C. Code Ann. Reg. 28-100 B. (6), licensees are also required to report the occurrence of specific events, including opening of closing of a center and/or location, felony indictments involving breach of trust, moral turpitude, fraud, or dishonest dealing, filing of bankruptcy or reorganization, civil action against the center, and revocation, suspension or other proceedings against the center by a governmental authority within ten (10) business days of occurrence.

**Notary:** After fully completing the annual report, make sure that your signature is notarized by a notary public. A notary public can be found at your local financial institution.

**Mail the Annual Report Form To:**

**South Carolina Department of Consumer Affairs  
Legal Division: Physical Fitness Services  
P.O. Box 5757  
Columbia, SC 29250**

**Questions? Contact:** Matalie Mickens, Program Coordinator 803-734-4291 or [mmickens@scconsumer.gov](mailto:mmickens@scconsumer.gov)  
Tiffany Gibson, Staff Attorney 803-734-0047 or [tdgibson@scconsumer.gov](mailto:tdgibson@scconsumer.gov)



**STATE OF SOUTH CAROLINA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
**PHYSICAL FITNESS SERVICES CENTER**  
**ANNUAL REPORT**



**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 44-79-80 (3)  
S.C. Reg. 28-100 B. (6), C. (4) (Supp. 2013)  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4291 or 1-800-922-1594

**Street Address**  
2221 Devine St., Ste 200  
Columbia, SC 29205-2418

**Please Type or Print Legibly in Ink.** This form must be submitted to the Department by **June 30th**. There is no charge to submit the annual report before June 30th. However, the Department will assess a penalty fine of **fifty dollars** if the annual report is not received by June 30<sup>th</sup> with the potential for additional administrative fines and/or other administrative action.

**DO NOT FAX THIS FORM**

1. Full Name of Physical Fitness Services Center: \_\_\_\_\_
2. Trade Name (D/B/A): \_\_\_\_\_ License No.: \_\_\_\_\_
3. Current Owner: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ 5. E-mail address: \_\_\_\_\_
6. Website if any: \_\_\_\_\_
7. Physical Address: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)
8. Mailing Address: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)
9. Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ 10. Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
11. Financial Responsibility: a. Bond ☐ Letter of Credit ☐  
b. Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

12. GENERAL QUESTIONS: Answer the following questions based on the physical fitness center's business conducted during the **previous calendar year**.

| STATEMENT  | AMOUNT |
|--|--------|
| a. Total number of <b>current members</b> ?      |        |
| b. Total number of centers/locations?            |        |
| c. Total number of prepaid/paid-in-full members? |        |

|  |  |
|--|--|
| d. Total number of installment contract members? |  |
| e. Total number of month to month members?       |  |

13. Have any of the following events occurred? Only include events of which **you have not notified** the Department. If the answer to any question is "YES", attach complete details. **Mark an "X" in the Appropriate Box.**

|   | YES                      | NO                       | NO |
|---|--------------------------|--------------------------|----|
| a. Revocation, suspension, or other proceedings against the center by a government authority which is related to the center's physical fitness services in any state? | <input type="checkbox"/> | <input type="checkbox"/> |    |
| b. Civil action against the center?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| c. Filing of bankruptcy, reorganization, or receivership proceedings by or against the center?  | <input type="checkbox"/> | <input type="checkbox"/> |    |
| d. The opening or closing of a physical fitness center and/or location(s)?  | <input type="checkbox"/> | <input type="checkbox"/> |    |
| e. Felony indictments or convictions involving breach of trust, moral turpitude, fraud, or dishonest dealing?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| f. Change of ownership?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| g. Any other event indicative of a substantial change of business's financial status?   | <input type="checkbox"/> | <input type="checkbox"/> |    |

**PENALTIES:** The Department will impose a fine of fifty dollars (\$50) if Annual Report is not received by June 30<sup>th</sup> with the potential for additional administrative fines and/or other administrative action

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this report and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the organization's license and subjects him/her to criminal prosecution for perjury. The undersigned acknowledges the **duty and agrees to update** and correct this information as it changes.

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing the form

\_\_\_\_\_  
Notary Public For \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Type or Print your name and Business Relationship or Title